

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> <div style="text-align: center;"> SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10596478</div> </div> <div style="text-align: center;"> FILING DATE <div style="font-size: 1.2em; font-family: cursive;">6-14-2006</div> </div> </div>													
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-family: cursive;">4</div> <div> APPLICANT(S) </div> </div>													
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.		↓		↓		↓			↓		↓		↓
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TOTAL CLAIMS													